**Triple P Group referral form**

**Date of referral:** **Group location:**

**Parent/carers name/s:**

**Name of referrer & relationship to family:**

**Please note: A letter or email will be sent to parents/carers to confirm their place on a course, but it is the referrer’s responsibility to encourage attendance.**

**Child or young person’s name and age:**

**Name and age of other children/young people in the household:**

Please circle if the child/young person is subject to any of the following:

LAC, CP, CIN, CAF, ESA, My Support Plan, EHCP, DART?

Name of any professional involved with child/family:

Does your child have a disability, additional needs or Special Educational Needs? Yes/No

If yes, please give brief details:

Armed Forces family? Yes/No

**Attendee information:**

Name/s: Relationship to child/ren:

Phone number:

Email:

Address:

**If a parent/carer has self-referred:**

Please let us know if you have any additional requirements regarding access to the venue, British Sign Language, language interpreter or any dietary requirements.

**I understand that this referral will involve Wiltshire Council holding information about me/us and my/our children and agree to this information being held on both paper and electronic systems.**

**Signed: Date:**

**Signed: Date:**



Please return to parenting@wiltshire.gov.uk

**Thank you**